

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Christian Pacha et al.

Application No.: 10/598,811

Confirmation No.: 1611

Filed: September 12, 2006

Art Unit: N/A

For: PULSE-GENERATOR CIRCUIT AND
CIRCUIT ARRANGEMENT

Examiner: Not Yet Assigned

REQUEST FOR REFUND

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office applicant respectfully requests that the fees charged to deposit account 50-2215 (copy of statement and patent application fee determination record attached) be refunded as follows:

Chargeable claims $24 - 20 = 4 \times \$50.00$ = \$200.00

Multiple Dependent Claim Present = \$360.00

LESS – Response to Missing Requirements Submission of Fees Due

Surcharge of \$130.00 (late surcharge of declaration) = (\$130.00)


Chargeable claims $23 - 20 = 3 \times \$50.00$ = (\$150.00)

Independent claims 4 – 3 = 1 x \$200.00 = (\$200.00)

Refund requested in the amount of \$80.00 to be credited to our Deposit Account No. 50-2215. Applicant respectfully request the refund since the initial fees should not have been charged as the executed declaration/power of attorney did not accompany the application.

Dated: June 25, 2007

Respectfully submitted,

By 

Laura C. Brutman

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Deposit Account Statement

Requested Statement Month: May 2007
Deposit Account Number: 502215
Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
Attention: PATRICIA DAVIS
Street Address 1: 2101 L STREET NW
Street Address 2:
City: WASHINGTON
State: DC
Zip: 20037-1529
Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
05/01	4	10598811	V0195.0095	1633	\$200.00	\$11,370.00
05/01	5	10598811	V0195.0095	1642	\$400.00	\$10,970.00
05/01	6	10598811	V0195.0095	1615	\$200.00	\$10,770.00
05/01	7	10598811	V0195.0095	1616	\$360.00	\$10,410.00
05/04	3	PAYMENT		9203	-\$2,390.00	\$12,800.00
05/04	1	10272981	E3879.0053/P053	1201	\$400.00	\$12,400.00
05/11	2	10580169	A0345.0025	1464	\$130.00	\$12,270.00
05/14	7	10599552	G0126.0250	2642	\$70.00	\$12,200.00
05/15	8	10598775	V0195.0093	1633	\$200.00	\$12,000.00
05/15	10	10598775	V0195.0093	1615	\$100.00	\$11,900.00
05/15	9	10598775	V0195.0093	1642	\$400.00	\$11,500.00
05/16	2	10491490	I1920.0066	1253	\$570.00	\$10,930.00
05/21	2	10815658	K2635.0078	1251	\$120.00	\$10,810.00
05/22	20008	60529832		8007	\$20.00	\$10,790.00
05/30	70	11634384	X2007.0228	1081	\$250.00	\$10,540.00
05/31	10	11797483	T2171.0251	1081	\$250.00	\$10,290.00
05/31	12664	60809715		8007	\$60.00	\$10,230.00
		START	SUM OF	SUM OF	END	
		BALANCE	CHARGES	REPLENISH	BALANCE	
		\$11,570.00	\$3,730.00	\$2,390.00	\$10,230.00	

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101 598811

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE		
EXAMINATION FEE		
SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	400
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	200
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	360
TOTAL		OR	TOTAL	1460

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.